

Application No. (if known): 10/607,075

Attorney Docket No.: 04613/000M989-US0

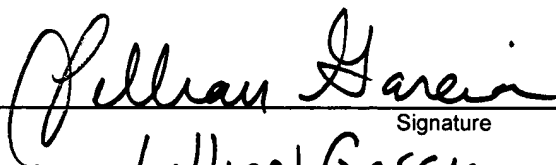
## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to:

**EV330172002-US**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 14, 2005  
Date



Signature

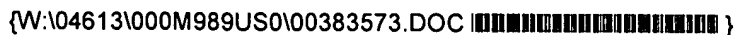
Lillian Garcia

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Amendment in Response to Non-Final Office Action (17 pages);  
Amendment Transmittal Letter (1 page);  
Fee Transmittal (1 page)  
4 sheets of Replacement Drawings (Figs. 1-5);  
List of References (1 page);  
7 References;  
Information Disclosure Statement (2 pages);  
Return Postcard; and  
Check No. 7933 \$180.00 + 325.00 = \$505.00





PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/607,075
		Filing Date	June 25, 2003
		First Named Inventor	Azar Mamed ogly Takhiri
		Examiner Name	Abolfazi Tabatabai
		Art Unit	2625
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	04613/000M989-USO
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>505.00</b>

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
21	= 1	x 25.00	= 25.00	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
6	= 3	x 100.00	= 300.00				
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____	- 100 = _____	/50 _____ (round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				<b>Fees Paid (\$)</b>			
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement				180.00			

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	53,480
Name (Print/Type)	Denise L. Poy	Telephone	(212) 527-7700
		Date	March 14, 2005

Express Mail Label No.	Dated: _____
------------------------	--------------

{W:\04613\000M989USO\00383476.DOC }  
\*\*\*\*\*